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DECLARATI	OR	Attorney Doc	Attorney Docket No.							
UTILITY OR DESIGN			First Named		Jo	hn Sirowatka				
PATENT APPLICATION				COMPLETE IF KNOWN						
		Application No								
Declaration	Пρ	eclaration	Filing Date							
submitted with or		bmitted after		Group Art Unit						
initial filing	in	itial filing	Examiner Nam			····				
As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint										
inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought										
on the invention entitled:										
DOUBLE-HINGE PLA						METHODS	l			
FOR	ASSE		ERECTING A FOLD/		ISS					
4 10 2 6 111		(Ti	tle of the Invention	n)						
the specification of which										
is attached hereto										
or										
was filed onas United States Application Number or PCT International Application										
Number: and was amended on (if applicable).										
I hereby state that I have rev	iewed	and understan	d the contents of th	e above i	identified	specification.	including the			
claims, as amended by any										
I acknowledge the duty to di	sclose	information w	hich is material to p	atentabil	ity as def	ined in Title 37	, Code of			
Federal Regulations § 1.56.										
I hereby claim foreign priori	ty beni	efits under Titl	e 35, United States	Code §1	19 (a)-(d	of any foreign	application(s)			
for patent or inventor's certi	ficate,	or § 365(a) of	any PCT internation	nal appli	cation wi	hich designated	at least one			
country other than the Unite										
any foreign application for pa				CT inter	national a	pplication havi	ing a filing			
date before that of the applic	ation o									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)		iority Claimed	Certified Co YES	opy Attached NO				
(Manada))	 -		(MINDUITI)	NOL	CIZIUGU	. []	T I			
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	<u> </u>			+		片	片			
Additional foreign application numbers are listed on a supplemental priority data about PTO/SBO2B attached heretor:										
I hereby claim the benefit under Titl							,. ——			
Application Number (s) Filing Date (M					Additional provisional application					
(0010.0/2			caana.	numbers are listed on a supplemental						
60/319,363		0	6/27/02	priority data sheet PTO/SB/02B						
		ļ .		attached hereto.						

Page 1 of 2

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Hereby chain the benefit under Tide 33, United States Code [13] of any United States application(s) of any PCT international application designating the United States of America, Easte below and, insofar as the misject matter of each of the chains of this application is not disclosed in the priod lated States or PCT International application in the matter provided by the first paragraphs of Tide 33, United States Code [112, Inchambridge the duty to declose information which is material to paternability as defined in Tide 37, Code of Federal Registrious § 1.56 which become writinble between the filing dut of the prior application and the national or PCT international filing date of this application.												
U.S Parent Appl	PCT	PCT Parent			Parent Filing Date			Parent Patent Number				
Number	Number			(MM/DD/YYYY)			_	(if applicable)				
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.												
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the												
Patent and Trademark Office connected therewith: Customer Number 20915 Or Place Customer												
Registered practitioner(s) name/registration number listed below Number Bar Code Label Here												
Name	Name Registratio				Name			Registration No.				
John E. McGarry 22,360 G. Thomas Williams 42,228												
kel E Bair 33,356 Michael F. Kelly 50,859												
Mark A. Davis 37,118												
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.												
Direct all correspondence to Customer Number or Bar Code Label						20915	or Co	r Correspondence Address below				
Name		Thomas Williams, Reg. No. 42,228 Garry Bair PC										
Address	171 Mo	ntoe Avenue	e, NW, Sui	te 61	00							
City, State, Zip	Grand R	apids, Mich	igan 49503									
Country	US		elephone	_	_	42-3500) Fax 616-742-1010					
I hereby declare that all states statements were made with th United States Code and that s	e knowledge th	at willful false sta	ements and the	like se	made at	e punitable by fine	or imprisonme	at ar b				
	United States Code and that such willful false statements may journature the validity of the application or may pasted insend therein. Name of Sole or First Inventor A petition has been filed for this unsigned inventor.											
Given Name (first and middle [if any]) Family Name or Surname												
John					Sirov	ratio						
Investor's Signature Jan Swarzed						Dated 6 23 0						
Residence: City	esidence: City Alto		State M			Country US			Citizenship		us	
Post Office Address	Office Address 8222 Timpson Avenue, S.E.											
City	Alto		State	M	I	Zip	49302		Country	us		
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